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Refugees and Immigrants in Massachusetts

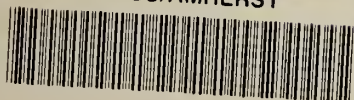
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Introduction

The recent federal welfare reform has focused attention on the country's immigrant populations, often perpetuating myths and misconceptions as to migration patterns. In Massachusetts, whose history has been shaped by immigrants, refugees and immigrants arrive in the present day for a number of reasons, come from diverse social, economic and educational backgrounds and adjust to a new country at a different pace. For example, many newcomers are fleeing war, political upheaval or persecution in their home countries, others are joining families from which they have been separated for years and still others come for work and education. Consequently, their immediate and subsequent health needs vary greatly.

Those coming from countries in upheaval can suffer from a variety of mental health problems and post-traumatic stress syndrome. Often, loss of family members contribute to difficulties in adjusting. These factors, combined with the stigma associated with mental health in their home countries and being cut off from traditional support networks, can prevent many newcomers from seeking appropriate treatment.

Those from less economic-advantaged countries frequently have had less comprehensive care and arrive with basic health needs. Many suffer from inadequate diets, infectious diseases, and lack of proper dental care and immunizations.

On the other hand, there are many similarities of experience for newcomers to Massachusetts. Initially, lack of fluency in English is the first barrier they face in seeking health care. In addition, a lack of understanding of the western health care system can also prevent newcomers from attending to health needs. Help-seeking behavior then becomes one of emergency treatment rather than one of on-going preventive care. Linguistic and cultural isolation, compounded by geographic isolation where there is a lack of appropriate facilities, can complicate health issues.

Further, the stress of adjustment to a new culture, the burden of the past and separation from traditional family and cultural support systems can intensify health problems. For example, intergenerational conflict, domestic violence and substance abuse are becoming new crises in newcomer communities. Again, stigma and isolation and lack of appropriate information and services often prevent newcomers from seeking assistance for these overwhelming problems.

The 1996 federal welfare and immigration reforms are creating even more barriers for newcomers to access health care and basic nutrition programs. In Massachusetts, the dedicated efforts of advocates combined with an exceptional sense of care in state

government's executive and legislative branches are trying to temporarily ward off the most destructive impacts of the reforms that affect refugees and immigrants. But more vigilance is still needed to assure support and services to newcomer communities, especially the elderly, the most vulnerable subgroup.

And although many hospitals and clinics work closely with newcomer communities and can provide translators and bi-lingual staff who understand different cultural approaches to health care, there is still a demand for these services. On-going education, awareness, interpreter services, and medical staff trained in trans-cultural health issues are needed to appropriately and adequately serve this dynamic population.

*Please note: Some of the information and statistics in this document are from previous years.
Current data was not available at publication time.*



Albanians

An Overview

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Albanians

1997 Estimated Population

- State Total: 25,000, of whom an estimated 4,000-5,000 arrived since 1991.

Country of Origin:

- Albania, located on the Adriatic Sea, about 50 miles opposite Italy.

Recently, there has been political upheaval and internal turmoil in Albania due to the collapse of pyramid investment schemes.

Geographic Locations:

- Six Albanian Orthodox churches are located in Massachusetts so many recent Albanian arrivals to the Commonwealth gravitate to those centers where there are already established Albanian communities. They are located in South Boston, Natick, Worcester and Southbridge.

Languages Spoken:

- The Albanian language is not derived from any other language, that is, it does not have a Slavic or Greek base as is commonly believed, but is one of the nine original Indo-European languages. As such, Albanian is one of Europe's oldest languages. The Albanian alphabet is Latin-based and similar to that of English except that it is comprised of 36 letters. The Albanians are essentially a homogenous people but have been divided traditionally into two basic groups, the Ghegs in the north and the Tosks in the south. Both Ghegs and Tosks speak the same language but pronounce it with some difference. Tosk is the official Albanian dialect.

Historic Background:

The Albanians are the direct descendants of the ancient Illyrians whose territories in 1225 BC included all of former Yugoslavia, that is Dalmatia, Croatia, Bosnia, Herzegovina, Serbia, Montenegro, and portions of Macedonia and northern Greece. It was from one of the Illyrian tribes called the "Albanoi" located in central Albania, that the country derives its name. However, Albanians call themselves "Shqipëtarë" and their country "Shqipëria"--generally accepted to mean "land of the eagles" because two of the Albanian words for eagle are "Shqipë" and "Shqiponjë".

The Romans conquered Illyria in 227 BC, and when the capital of the Roman Empire was transferred from Rome to Byzantium in 325 AD, Albania, then known as the Thema of Illyricum, became a province of the eastern section of the empire and remained part of the Byzantine Empire up until the early Middle Ages.

Certain feudal families then managed to form independent principalities which eventually evolved into a medieval *Arberia* (Albania)--that is, territories where the population was almost exclusively Albanian-speaking and Albanian in terms of history, laws, tradition and culture. The Ottoman conquest of Europe began in 1354 when the Turks captured the Byzantine fortress at Gallipoli. This military victory established their first stronghold on European soil. The defeat of the Bulgarians at Maritsa in 1371 and also the defeat by the Turks of a Balkan coalition of Hungarians, Bulgarians, Romanians, Poles, Serbs, and Albanians on the plain of Kosova in 1389 marked the final collapse of Serbia, Bulgaria, and Albania which all then began to come under Turkish rule.

Location and Homeland

Present day Albania is a small country located on the Adriatic Seas some 50 miles opposite Italy. It is surrounded by Montenegro, the Kosova province of Serbia, the former Yugoslav Republic of Macedonia, and finally, Greece in the south. In physical size, Albania is about 230 miles long by about 90 miles at its widest point, making it about the size of the state of Maryland. It has a population of approximately three million, 200 thousand people, or about the same population as greater Boston. As in other occupied Balkan territories, the Turks, after they finally conquered Albania by the end of the 15th century, established a system of administration of ethnic Albania by dividing it into four provinces or "vilayets"--the vilayets of Shkodra, Kosova, Manastir, and Janina

After the defeat of the Turks by the Russians in the war of 1877, the Great Powers evoked the Treaty of San Stefano the following year signifying the break-up of the Ottoman Empire. Ethnic Albania, still comprised of the four vilayets, was penalized by the Great Powers because it was considered part of the Ottoman Empire for almost five centuries. As a result, the Albania of 1878 was divided by ceding the major portions of the vilayet of Shkodra to Montenegro, the vilayet of Kosova to Serbia, the vilayet of Manastir to Macedonia, and the vilayet of Janina to Greece. Thus, what remained after the partitioning, is essentially the nation of Albania as it is known today.

Today, northwest of Albania there are approximately 40,000 Albanians living in Montenegro along its border with Albania, almost two million in Kosova, 100,000 in south Serbia, 600,000 in Macedonia, and 250,000 in northern Greece. In other words, there are as many Albanians living just outside of Albania's borders as there are within it. Albania is, in essence, a country completely surrounded by itself.

The Land

Albania has an incredibly beautiful seacoast that runs the entire length of the country with white sandy beaches as well as impressive mountainous areas. It has a typical Mediterranean climate along its southern part where palm trees, oranges, and other citrus fruits grow in abundance. Thirty-six percent of Albania is forested, generally in the hills and mountains, away from the fertile plains that hug the shorelines.

Religion

Until the 16th century, almost all of Albania was Christian, the Orthodox religion being dominant in the south and the Roman Catholic in the north. In the 17th century, the Turks began a policy of Islamization by using, among other methods, economic incentives to convert the population. By the 19th century, Islam became predominant in Albania with about 70 percent of the population while some 20 percent remained Orthodox and 10 percent Roman Catholic.

These groupings remained in effect until the communist government outlawed religion in 1967, making it the world's only atheist state. Freedom of religion in Albania was restored only in 1989-90, but it must be noted that the overwhelming majority of Albania's population was born under a communist regime which pursued an aggressively atheistic policy.

Although reliable statistics are lacking, it appears that the historical 70-20-10 percentages are no longer valid. The collapse of the old communist order has seen a religious revival of sorts, and some now believe that the religion with the most new adherents in Albania are Christian evangelicals such as the Seventh Day Adventists, Jehovah's Witnesses, and others.

Even though frequently referred to as a "Muslim" country, there is no state religion in Albania, and the Albanians are renowned for their extraordinary religious tolerance. It is an often-overlooked fact that the Albanians protected their own Jews during the Holocaust while also offering shelter to other Jews who had escaped into Albania from Austria, Serbia and Greece.

Education

Education in Albania has been stimulated and nurtured by nationalistic roots. Under the Ottoman yoke, the teaching of the Albanian language was strictly forbidden, and Albanians of the then Greek Orthodox religious faith were required to attend Greek schools while Catholics were taught Italian and Muslims, Turkish. The opening of the first school in Korçe in 1887 to teach in the Albanian language was a landmark. The first Albanian-language elementary school for girls was also opened in Korçe in 1892. Higher education in Albania really began with the American Vocational School established by the American Red Cross in 1921. It eventually became part of the University of Tirana when it was founded in 1957. Since the overthrow of the Communists in 1992, new universities have been founded in Korçe and Vlora in southern Albania.

Additional Information:

Albania

Capital: Tirana
Population: 3.2 million
Health: Infant mortality rate--22/1000; life expectance--74 years
Literacy Rate: 88%
Natural Resources: Chromium, petroleum copper, nickel, coal, hydroelectric power, timber
Agriculture: Corn, wheat, cotton, potatoes, fruits
Industries: Cement, textiles, food processing



Bosnians

An Overview

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"The Yugoslav Conflict", by Anthony Borden, Issue Brief: Center for War, Peace, and the News Media, London, England, 1992.

"Yugoslavia Torn Asunder: Lessons for Protecting Refugees from Civil War", U.S. Committee for Refugees, February 1992.

Bosnians

Until its February 1992 independence, Bosnia and Herzegovina (hereinafter referred to as Bosnia) was part of Yugoslavia with an area almost two and a half times that of Massachusetts. The United States recognized Bosnia as an independent republic in April 1992. Bosnia's population was then about 44 percent Bosnian, 31 percent Serbian, and 17 percent Croatian. The remaining population consisted of small numbers of other ethnic groups.

The Bosnia declaration of independence led to the outbreak of an atrocious war in which "ethnic cleansing" resulted in the elimination of other ethnic groups from a conquered area, either by expulsion or massacre. After US-sponsored negotiations near Dayton, Ohio, an agreement was signed in Paris on December 14, 1995.

The agreement recognized Bosnia as a sovereign state within its present borders. It consists of two entities: a Muslim-Croat federation over 51 percent of the territory and the Bosnian Serb Republic, over 49 percent. NATO troops are presently overseeing the implementation of the peace accord. At the same time, the International Criminal Tribunal in the Hague is conducting trials of individuals indicted for "crimes against humanity" during the 1992 ethnic cleansing campaign.

Large numbers of persons that fled Bosnia during the war were Muslims, and constitute most of the Bosnian refugees that have been resettled in the U.S. The total number of Bosnian refugees resettled in the U.S. through September 1995 was approximately 9,000.

1997 Estimated Population:

- **State Total:** Since modern Bosnia has only been independent for the past four years, it is difficult to determine the number of people from Bosnia that are here now. From 1986 through September 1992, approximately 150 Yugoslav immigrants arrived in Massachusetts. Over 200 Bosnian refugees from the current conflict have resettled in Massachusetts; many are family reunifications.

Country/Region of Origin:

- Bosnia is the only republic of former Yugoslavia established on a geographical/historical basis rather than on an ethnic one. Virtually landlocked, it is bordered by Croatia, Serbia and Montenegro. Education was free and compulsory through high school. Secondary and university education were available, with at least three years of vocational school being the minimum. Prior to the war, the literacy rate was 90 percent. Women were guaranteed full equality and entry into the work force. In practice, this meant that women held full-time jobs in the workplace and at home.

Migration Trends:

- Most of the refugees from Bosnia remain in Europe, with large numbers in Croatia and Macedonia. In addition, there are many Bosnian Displaced Persons, uprooted but remaining within Bosnia. It is not expected that there will be large numbers of refugees from Bosnia coming to the U.S., but there may well be a steady flow of immigrants choosing to leave the devastation or to reunite with family that did resettle in the U.S.

Geographic Locations:

- Most of the new arrivals, many of them family reunifications, are living in greater Boston. Smaller groups can be found in Western Massachusetts (Holyoke and Northampton).

Demographics:

- New arrivals are mostly Muslims.
- Most come from urban centers, and are primarily families; many are professionals.

Languages(s) Spoken:

- Bosnian (the language formerly referred to as Serbo-Croatian, which includes Bosnian, Serbian and Croatian languages). Many Bosnians speak German and some speak English.

Health Notes:

- The Yugoslavian health system was quite modern with one doctor per 624 persons. Immunization for children was considered compulsory.
- Since the beginning of the war in 1992, the public health system and health conditions have deteriorated.

Mental Health Needs:

- Many Bosnians suffer from post-traumatic stress disorder (PTSD) because of their experiences during the war. Consequently, successful resettlement may take longer than with other refugee populations. Bosnians are in need of culturally and linguistically appropriate mental health services.

Additional Information

Bosnia and Herzegovina: (pre-war data)

Capital:	Sarajevo
Population:	4.5 million
Literacy Rate:	90%
Natural Resources:	Timber, bauxite, iron ore
Agriculture:	Corn, wheat, oats, barley
Industries:	Textiles, rugs, timber



Brazilians

An Overview

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- Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.
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Brazilians

1997 Estimated Population

- 150,000 statewide

Country of Origin:

- Brazil in South America

Migration Trends:

- Of the Portuguese-speaking population, the Brazilians have most recently been arriving in substantial numbers due primarily to poverty and lack of economic opportunity in their homeland.

Geographic Locations:

- Most Portuguese-speakers can be found in Boston, Cambridge, Somerville, Fall River and New Bedford with the influx of Brazilians concentrated in the Boston area, Cape Cod and in Central Massachusetts (Framingham, Malborough and Hudson).

Demographics:

- New Brazilian arrivals tend to be low-income individuals.
- Brazilian immigrants also tend to be younger adults.

Language(s) Spoken:

- Portuguese

Brazil, the fifth largest country in the world and the sixth most populous, is larger than the continental United States and makes up half of the continent of South America. Its population is growing at a rate of 1.3 percent annually. Nearly half the population is under the age of 20. Brazilians of European descent (mostly Portuguese) make up 55 percent of the population, while 32 percent are of mixed heritage, and 11 percent have African ancestry. Native Indians number 150,000, many of whom inhabit the Amazon region.

In 1500, Pedro Alvares Cabral landed in Brazil and claimed the region for Portugal. Both the French and Dutch tried to establish colonies; the Spanish controlled the region from 1580 to 1640 when it was again under the Portuguese regime. Dom Pedro II, who was governing Brazil at the time, declared its independence in 1822.

The country is now a federal republic consisting of 26 states and one federal district in Brasilia, the capital. Each state is technically autonomous, with a legislative body and elected governor. The President is the head of state.

Brazil is south of the equator and has mostly a tropical climate, the warmest month being in January. Forests cover 65 percent of the country, including the world's largest tropical rain forest in the Amazon River Basin.

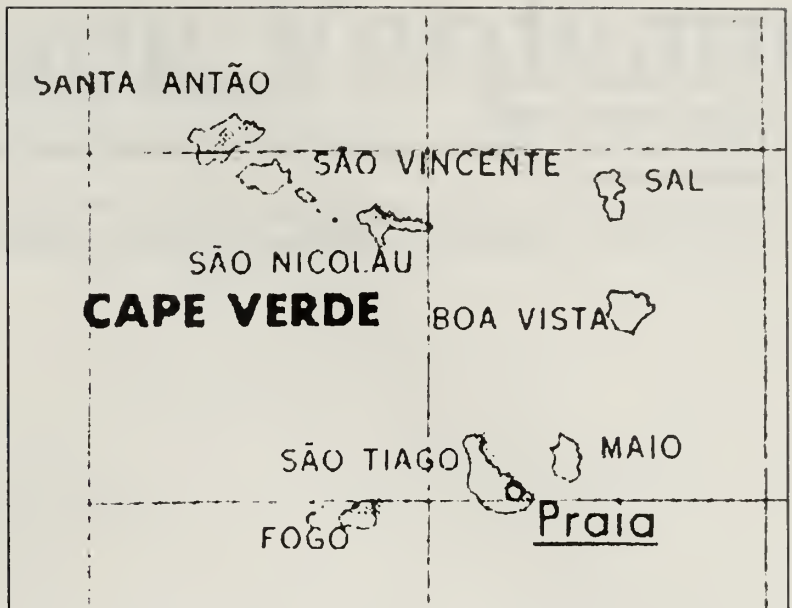
Portuguese is Brazil's official language. English, German and French are popular second languages. The native Indian population speak a variety of more than 100 Amerindian languages. About 73 percent of the population is Roman Catholic.

Excellent medical care is available in the cities for those who can afford it. Other areas are, however, rarely equipped with adequate facilities. Water is often not potable; sanitation in some areas is insufficient. Yellow fever and malaria are found in rural areas. Grass root efforts are ongoing to provide mobile health care workers for rural areas to fight infant mortality through education and basic care.

Additional Information:

Brazil

Capital:	Brasilia
Population:	158 million
Health:	Infant mortality rate--67/1,000; life expectancy--65 years
Literacy Rate:	81%
Natural Resources:	Iron ore, manganese, bauxite, nickel, uranium, gemstones, oil, forests
Agriculture:	Coffee (world's largest producer), soybeans, sugar cane, cocoa, rice, beef, corn, oranges, cotton, wheat
Industries:	Steel, chemicals, petrochemicals, machinery, motor vehicles, appliances, cement, shipbuilding, lumber



Cape Verdeans

An Overview

References:

- Bateman, Graham and Egan, Victoria, eds., Encyclopedia of World Geography. Andromeda Oxford Ltd., Abingdon, England, 1993.
- Benneck, Cristian J., Portuguese Immigration to the United States: its distribution and status, University of California thesis, 1917.
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Cape Verdeans

1997 Estimated Population

- Statewide: 300,000
- Boston Area: 50,000

Country of Origin:

- Cape Verde, off the west coast of Africa

Migration Trends:

- In the past and present day, Cape Verdean emigrated primarily for economic reasons.
- The first wave settled in the fishing/whaling ports and mill towns of New England. By the early 20th century, Cape Verdean communities were well-established in the United States.

Geographic Locations:

- Significant numbers of Cape Verdeans are located in the Boston, Brockton and Cape Cod areas.

Language(s) Spoken:

- Portuguese, the official language
- Cape Verdean Creole

The Cape Verde archipelago consists of two small archipelagoes composed of 10 islands and five islets, located 385 miles off the west coast of Africa. It was uninhabited until Portuguese explorers discovered and settled it in the 15th century.

The islands became a slave-trading center with slaves brought from Africa. In the 19th century, it became an important staging post for trans-Atlantic sea traffic. In 1951, the islands became an overseas province of Portugal; in 1975, they were granted independence. Subsequent movements to unite with Guinea-Bissau did not reach fruition. The government is a multi-party republic.

The majority of the population is under the age of 20; it is a predominately Roman Catholic country. There are very few health and social service programs and few job opportunities. As a result, many islanders are forced to emigrate in order to find work.

Additional Information:

Cape Verde

Capital:	Praia
Population:	398,000
Health:	Infant mortality rate--61/1,000; life expectancy--62 years
Literacy Rate:	37%
Natural Resources:	Salt, volcanic rock
Agriculture:	Bananas, coffee, corn, coconuts, sugarcane
Industries:	Cement, fishing



Central Americans

An Overview

References:

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Bateman, Graham and Egan, Victoria, eds., Encyclopedia of World Geography. Andromeda Oxford Ltd., Abingdon, England, 1993.
Centro Presente (demographic information).
Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.
"Health Care Needs of Central American Refugees", Nursing Outlook, Vol. 38, No. 5, page 239-242.
Office of Refugee and Immigrant Health, Massachusetts Department of Public Health.
Office of Multi-Cultural Services/Refugee Assistance Program, Massachusetts Department of Mental Health.

Central Americans

1997 Estimated Population:

- State Total: 80,000 to 85,000

Countries/Regions of Origin:

- Primarily El Salvador, Guatemala, and an increasing number from Honduras.

Migration Trends:

- Since 1979, there had been a rapid increase in Central American migration to the U.S. This increase is due to the on-going civil unrest in several Central American countries, particularly in El Salvador. More recently, there has been a leveling off of migration to Massachusetts.
- *Legalization* (or Amnesty): In 1986, the passage of the Immigration Reform and Control Act (IRCA) permitted certain undocumented non-citizens to obtain legal immigration status based on having lived continuously in the U.S. since before 1982, or having a particular history of agricultural work in the U.S. A great number of Central Americans in Massachusetts were able to benefit from IRCA.
- *Temporary Protected Status* (TPS): As part of the Immigration Act of 1990, Congress enacted a law creating temporary protected status (TPS) for certain non-citizens who last resided in countries where on going armed conflict (civil war or intra-national war) makes it unsafe for the person to return; a natural catastrophe has occurred which has seriously disrupted normal living and working conditions, or some other "extraordinary and temporary" condition has occurred in the country which makes it unsafe for the person to return.

Non-citizens granted TPS won't be deported, and can get INS work authorization for as long as the TPS designation lasts, and they meet the legal conditions for TPS eligibility. Since Congress passed TPS, Kuwait, Lebanon, Liberia, El Salvador, Bosnia-Herzegovina, and Rwanda have been designated as countries whose nationals could benefit from the law. When this Overview went to press, nationals of Liberia, Somalia, Bosnia-Herzegovina, and Rwanda, if they met other eligibility criteria, could still receive TPS. TPS for Kuwaitis and Lebanese has ended, and TPS for Salvadoreans has been replaced by another status, *Deferred Enforced Departure* (DED) status.

Geographic Locations:

- Most Central Americans are living in the East Boston, Jamaica Plain and Allston/Brighton areas of Boston and in Cambridge, Chelsea and Somerville. However, there is also a growing population of Central Americans in Holyoke, Springfield, Lawrence, Lowell, Lynn and Brockton.

Demographics:

- The Central American population in the Commonwealth is primarily young adults with somewhat more males than females.
- Recently, increasing numbers of women have immigrated. There are also increasing numbers of American-born children.
- Many come from rural areas in their native countries with limited educational opportunities and few transferable job skills. A sizeable percentage of refugees are not literate in Spanish.

Language(s) Spoken:

- Spanish and Indian languages (there are 21 dialects in Guatemala as well as Indian languages spoken in El Salvador).

Health Needs:

- There is a major need among Central Americans to access appropriate health services and information in Massachusetts.
- There is a high incidence of diabetes mellitus among Central Americans.
- A large percentage of refugees from Guatemala and El Salvador have risk factors for cardiovascular disease.
- As a result of the physical and psychological stress that Central Americans endured during their escape from their native countries, and the lack of adequate medical care in their home countries, many suffered from malnutrition, lack of prenatal care, parasitic infections and tuberculosis. Many arrive without adequate immunizations.
- Although only a small number of Central Americans have active tuberculosis (TB), many have TB infection. Consequently, under the stresses associated with being immigrants, they are at increased risk for development of active TB.
- Traumatic pasts, separation from families, stresses of acculturation, lack of traditional supports and the easy availability of both drugs and alcohol in this country have contributed to the development of alcohol and drug abuse among Central Americans, especially adolescent and young adult men.

Mental Health Needs:

- Many Central Americans seek out mental health services with a wide variety of symptoms, including depression, stress-related disorders such as post-traumatic stress disorders, separation anxiety, sense of isolation and suicidal behavior.
- Many refugees from some of these countries are victims of torture and have been exposed to murder and destruction from civil wars and other conflicts.

Additional Barriers to Health and Mental Health Service:

- Many Central Americans without documented status may avoid public facilities, including hospitals and health centers, due to the fear of being deported.
- The desire for anonymity often precludes utilization of services and benefits available to residents of the Commonwealth.

Additional Information:

El Salvador

Capital: San Salvador
Population: 5 million
Health: Infant mortality rate--49/1,000; life expectancy--65 years
Literacy Rate: 75%
Natural Resources: Forests, rubber
Agriculture: Coffee, cotton, corn, sugar
Industries: Food and beverages, textiles, petroleum products

Guatemala

Capital: Guatemala City
Population: 10 million
Health: Infant mortality rate--79/1000; life expectancy--63 years
Literacy Rate: 55%
Natural Resources: Oil, nickel, rare woods
Agriculture: Coffee, sugar, bananas, cotton, corn
Industries: Prepared foods, tires, textiles



Chinese

An Overview

References:

- Bateman, Graham and Egan, Victoria, eds., Encyclopedia of World Geography. Andromeda Oxford Ltd., Abingdon, England, 1993.
- Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.
- Personal Communication with the Asian Community Development Corporation.

Chinese

1997 Estimated Population

- Boston Area: 17,250
- State Total: 55,000

These figures are from the 1990 census which may be an underestimate due to a substantial undercount of Asian Americans in the US Census and the high growth rate due to immigration since the 1990 census.

Countries/Regions of Origin:

- People's Republic of China, Hong Kong, Taiwan, Southeast Asia.

Geographic Locations:

- In Boston, many Chinese immigrants reside in Chinatown, the South End and Allston/Brighton. Statewide, communities with significant numbers are Brookline, Cambridge, Lexington, Malden, Newton, Quincy and Randolph.

Languages/Dialects Spoken:

- Cantonese, Mandarin, Toisanese, Fukienese

History of Chinese in Massachusetts:

- The earliest Chinese in Massachusetts were merchants and seamen engaged in a very active trade between China and the United States during the 19th century. One such seaman was adopted by an American family in New England and eventually served in the Union Army during the American Civil War. Trade with China was halted when the Communists came to power in 1949, but now international trade and the globalization of business has resulted in emigration back and forth.
- The second major group to come to the state were laborers. Originally brought in to break a strike at a shoe factory in North Adams, they settled in Boston near South Station once their contract expired. They found work helping to build the Pearl Street Telephone Exchange Building. Thereafter, many opened or worked in hand laundries and restaurants scattered throughout New England. With the end of discriminatory immigration laws in the mid-1960s, many of these laborers were able to bring their families to Massachusetts.

- The third major group of immigrants were scholars. Western science and technology had great appeal to the Chinese emperor late in the 19th century. A program was set up to bring young Chinese boys to study in the United States who then returned to China so they could help China with their newly-gained knowledge and skills. American colleges and universities have continued to attract Chinese students, but because of the political situation in their home countries or because of limited opportunities to use their advanced knowledge, many have stayed to settle in the United States.
- With the end of the Vietnam War, the U.S. government made provisions for many political refugees from Southeast Asia to settle in the United States. Included in this group were ethnic Chinese.
- The most recent significant group to arrive are those from the province of Fukien. A number from this ethnic group paid huge sums for passage to the United States and may be in debt to their smugglers. Because so few social service workers speak their dialect and because of their undocumented status, they are very much without support and are at risk.

Health Notes:

- A major health need for Chinese in Massachusetts is access to appropriate health services and information. Primary care services are available in Cantonese and Mandarin at the South Cove Community Health Center and through several private practice physicians. Appropriate hospital care and specialty care is more hit and miss, although several institutions are trying to adapt their services to meet the needs of the Chinese community.
- Because many Chinese workers are engaged in small family-owned businesses that work on very low margins, affordable health insurance is not readily available. Many families have no coverage and put off seeking care until a crisis develops because of the high cost of such care in the greater Boston area.
- Some Chinese turn to Chinese medicine and take Chinese herbs for chronic ailments. Western-trained physicians usually don't ask and thus usually don't know whether their patients are using alternative remedies in conjunction with or in place of prescribed drugs. This situation compromises the care and follow-through they need.
- Illnesses prevalent in the Chinese community include hypertension, tuberculosis, diabetes, heart disease, thalassemia, and nasopharyngeal cancer.

Additional Information:

China

Capital: Beijing
Population: 1.2 billion
Health: Infant mortality rate--33/1000; life expectancy--70 years
Literacy Rate: 70%
Natural Resources: Coal, iron ore, crude oil, tungsten, manganese, lead, tin, mercury, silk
Agriculture: Rice, potatoes, sorghum, peanuts, tea, millet, barley, pork, cotton, oilseeds, fish
Industries: Machinery, textiles and apparel, chemicals, iron and steel

Hong Kong

Capital: Victoria
Population: 5.8 million
Agriculture: Rice, vegetables, fish
Industries: Textiles, apparel, tourism, electronics, plastics, toys, shipbuilding, iron and steel, fishing, cement; financial center

Taiwan

Capital: Taipei
Population: 20.8 million
Health: Infant mortality rate--6/1,000; life expectancy--75 years
Literacy Rate: 90%
Natural Resources: Coal, limestone, marble, oil
Agriculture: Rice, bananas, pineapple, sugarcane, peanuts
Industries: Textiles, clothing, electronics, processed foods, chemicals, plastics, steel



Colombians

An Overview

References:

Latino Health Institute

Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.

Colombians

1997 Estimated Population

- Based on the 1990 US Census, Colombians constitute approximately 10 percent or 27,500 of the 275,000 Latinos in Massachusetts. Because the census is least likely to count people whose legal residency status is not established, as well as newcomers who are unacculturated and speak little English, the percentage is probably underrepresented. Since 1995, according to Immigration and Naturalization Service (INS) statistics, about 10,838 Colombians have immigrated to the United States based on INS statistics.

Country of Origin

- Republic of Colombia in South America

Migration Trends

Colombians began to migrate in the 1950s and early 1960s mainly from the capital of Santa Fé de Bogotá for employment opportunities in factories, as domestic help and baby-sitters. During this period, many Colombians were able to obtain permanent residency and employment contracts. This migration trend tapered off gradually.

- In the 1950s, textile mills in Lowell and Lawrence attracted weavers from Colombia--known for their excellent craft.
- In the 1970s and in 1980s, a large influx of Colombians arrived from the cities of Cali, and Medellín due to political turmoil and insecurity. The Medellín and Cali drug cartels drove Colombians from their homes and lands, causing fear and economic downturn of many business. As a result, many Colombians have arrived with undetermined legal status.
- In addition, during the 1970s and 1980s, a large percentage of Colombians students participated in exchange programs at Harvard University, Boston University, Boston College, Northeastern University and other local universities. Many professionals came to the Massachusetts area to pursue graduate and post-graduate studies.

Geographic Locations

- Most Colombians reside in Boston (East Boston, Brighton), Lowell, Brockton, Springfield, Chelsea, Worcester, Waltham and Holyoke.

Demographics

- Currently, there are 60,000 Colombians in the New England region.
- There is a significant Colombian student and professional population pursuing undergraduate, graduate and post-graduate studies.
- A number of Colombian residents have integrated into mainstream America. Many have become US citizens, working in professional careers, the human services sector, office support and clerical. A number are self-employed--owning grocery stores, travel agencies, and other small businesses.
- Seventy percent of the Colombians in Massachusetts are from Antioquia (the Medellin region), Bogota and Barranquilla.
- Seventy percent are working class and seventy percent are undocumented. A large percentage work in hotels, restaurants, cleaning services and retail operations.
- Colombians rank ninth among the top ten countries of undocumented residents. According to INS, as of October 1992, there were 75,000 undocumented Colombians in the US.

Language (s) Spoken

- Spanish
- Various indigenous dialects

Health Needs

- Health problems include substance abuse (alcohol, other drugs and tobacco), HIV/AIDS, diabetes, high blood pressure, cancer and domestic violence.

Mental Health Needs

- Post-traumatic stress syndrome, depression.

Additional Barriers to Health and Mental Health Services

- The major barriers to access health and mental health services include language, lack of interpreter services, providers' limited understanding of Colombian cultural beliefs and child rearing practices, unfamiliarity with the managed care system and prevention health care, lack of health insurance, scarcity of bilingual health providers, and fear of deportation or problems with INS.

Additional Information:

Republic of Colombia

Capital: Santa Fé de Bogotá

Population: 32.3 million

Religion: 95% Roman Catholic

Health: Infant mortality rate--37/1000; life expectancy--71.5 years

Literacy

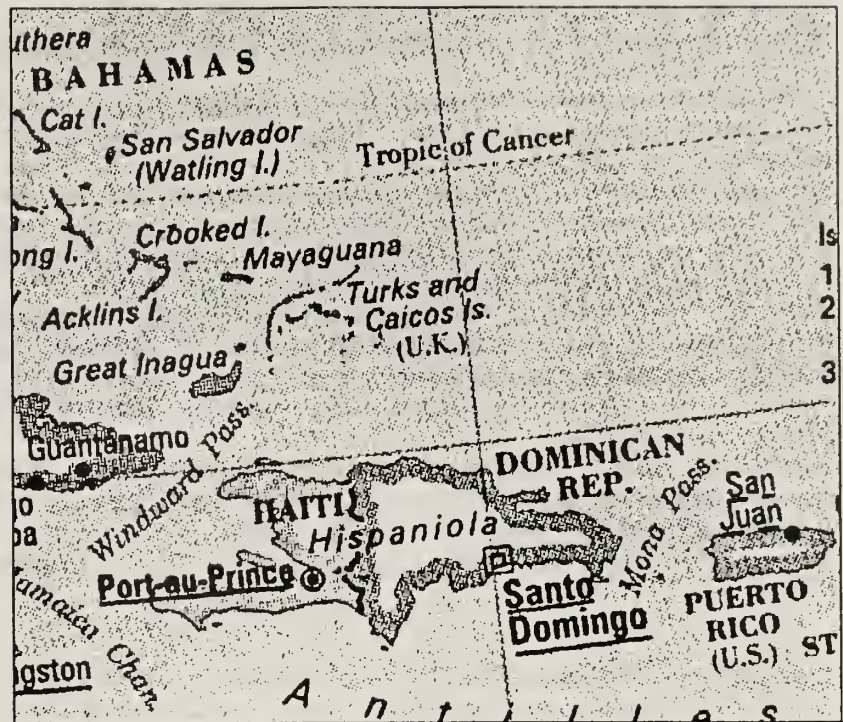
Rate: 87%

Natural

Resources: Oil, natural gas, emeralds (90% of exports), gold, copper, lead, coal, iron, nickel, salt, crude oil

Agriculture: Coffee (50% of export), flowers, rice, corn, cotton, sugar cane, bananas, tobacco, potato, soy beans

Industries: Textiles, processed goods, hides, steel, cement, chemicals.



Dominicans

An Overview

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Dominicans

1997 Estimated Population:

- The most recent available data, the 1990 US Census, indicates there are 30,250 Dominicans in Massachusetts. Because the census does not include new arrivals as well as newcomers who are unacculturated and speak little English, the percentage is probably under-represented. Estimates by community members are as high as 75,000.

Country of Origin:

- Dominican Republic

Migration Trends:

- Dominicans began to arrive in the late 1960s and early 1970s as political refugees. Since the 1960s, services in the Dominican Republic have been breaking down because of overcrowding and, some would argue, because the government ignores or encourages emigration to Puerto Rico and the United States. During the 1980s, the Dominican Republic became the sixth largest source of legal immigration to the United States.

Geographic Locations:

- Most Dominicans reside in Boston by neighborhoods: Jamaica Plain, Roxbury, Hyde Park and Dorchester. Other cities with significant Dominican population are Lynn and Lawrence.

Demographics:

- The median household income is \$19,986. Approximately 36 percent of the community lives below the poverty level.
- Foreign-born Dominicans account for 75 percent of all Dominicans and 14.4 percent are naturalized U.S. citizens; the balance are U.S. born.
- Many Dominicans work for office cleaning companies, others in factories and a significant number are shop owners.

Language(s) Spoken:

- Spanish

Health Needs:

- All Dominicans involved in a study of health needs in Boston stressed lack of access to care as the major health issue facing the Dominican community.
- Other health issues, such as perceived high prevalence rates of diabetes type II, hypertension, arthritis and asthma were identified repeatedly by study participants. Others are obesity, cancer of the cervix, pancreas, prostate and stomach, AIDS, substance abuse, smoking, intentional and occupational injury and low birth weight.
- Preventable infections such as tuberculosis and typhoid have increased in the 1980s and 1990s in the Dominican Republic, and 48 percent of children under the age of one are not vaccinated.
- The direct association between lower socioeconomic status and poor health would seem to indicate an need for basic health care services.
- High birth rates indicate higher levels of need for prenatal and postnatal care.

Mental Health Needs:

- Depression, anxiety, alcoholism, and alcohol related problems are some of the mental health needs identified for Latinos in general.

Additional Barriers to Health and Mental Health Services:

- Although no reliable information is available on Dominicans, compared to the general population, Latinos are less likely to have health insurance and rely on public health facilities, hospital outpatient clinics and emergency rooms for health care.
- It is important to note that of the unemployed Latinos, 80 percent are currently employed in jobs that either pay extremely low wages or offer no insurance.

Additional Information:

Dominican Republic

Capital:	Santo Domingo
Population:	7.6 million
Health:	Infant mortality rate--56/1000; life expectancy--68 years
Literacy Rate:	83%
Natural Resources:	Nickel, gold, silver, timber
Agriculture:	Sugar, cocoa, coffee, tobacco, rice
Industries:	Sugar refining, cement, textiles
Religion:	90% are Roman Catholic



Ethiopians/Eritreans

An Overview

References:

- Bateman, Graham and Egan, Victoria, eds., Encyclopedia of World Geography. Andromeda Oxford Ltd., Abingdon, England, 1993.
- Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.
- Information received from the Ethiopian Community Mutual Assistance Association.
- Refugee and Immigrant Health Program; Office of Refugee and Immigrant Health, Massachusetts Department of Public Health.

Ethiopians/Eritreans

1997 Estimated Population:

- Boston area: 10,500 to 12,500

Country/Region of Origin:

- Ethiopia is the largest country in East Africa. Many refugees have come from different provinces of Ethiopia including the province of Eritrea, on the Red Sea which declared its independence on May 24, 1993.

Migration Trends:

- Resettlement of Ethiopians in the United States began in 1978, with peaks in the number of arrivals from 1980 to the present. Ethiopians began immigrating to the U.S. because of political instability and because of drought and famine in their home country. During the past decade, the number of refugees and immigrants from Ethiopia and Eritrea increased due to civil war in the country.

Geographic Locations:

- Most Ethiopians and Eritreans reside in the greater Boston area, including Allston/Brighton, Dorchester, Roxbury, Cambridge and Chelsea.

Demographics:

- The majority of Ethiopians and Eritreans are males between 30 and 50 years old.

Language(s) Spoken:

- Ethiopians: Amharic and Tigrinya.
- Eritreans: Tigrinya

Health Needs:

- A major health need for Ethiopians and Eritreans in Massachusetts is access to appropriate health services and information.
- As a result of inadequate medical care in Ethiopia and Eritrea, Ethiopians and Eritreans are more likely than the general U.S. population to have tuberculosis infection, intestinal parasites, malaria, anemia, poor nutritional status and incomplete immunizations.

- Because many Ethiopians and Eritreans are not used to consulting physicians unless they experience pain, a crisis versus prevention approach to health care is common.

Mental Health Needs:

- Although there is no comprehensive study of the mental health status of Ethiopian and Eritrean refugees, it appears that hardships experienced under the former government of Ethiopia and stays in refugee camps could have contributed to depression, anxiety, isolation and other symptoms of post-traumatic stress-related disorders.
- There is a need for information about laws and resources to combat domestic violence.
- As traditional family support systems are not always available, linguistically and culturally appropriate mental health services are needed more than ever before.

Additional Information:

Ethiopia

Capital: Addis Ababa
Population: 51 million
Health: Infant mortality rate--113/1000; life expectancy--51 years
Literacy Rate: 18%
Natural Resources: Potash, salt, gold, copper, platinum
Agriculture: Coffee, cereals, oilseeds, meat, hides and skins
Industries: Food processing, cement, textiles, construction.

Eritrea

Capital: Asmera
Population: 3.2 million
Agriculture: Cotton, coffee, tobacco



Haitians

An Overview

References:

- Bateman, Graham and Egan, Victoria, eds., Encyclopedia of World Geography. Andromeda Oxford Ltd., Abingdon, England, 1993.
- Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.
- Greenberg, Robyn. "Demographics and Characteristics of the Haitian Population in Massachusetts", 1989.
- Laguerre, Michel. "Haitian Americans", Ethnicity and Medical Care, Harwood, A., ed., Harvard University Press, Cambridge, MA, 1981.
- Refugee Mental Health Needs Assessment, A Key Informant Study, Office of the Deputy Commissioner for Mental Health Services, Refugee Assistance Program, March 1989.
- Refugee Health Program and Office of Refugee and Immigrant Health, Massachusetts Department of Public Health.
- Refugee Assistance Program, Massachusetts Department of Mental Health.

Haitians

1997 Estimated Population:

- Boston area: 40,000 to 45,000
- Statewide: 50,000 to 65,000

These figures may be an underestimation because of the lack of verified information on this population. Some estimates are as high as 80,000.

Country of Origin:

- Haiti, a country that shares the Caribbean island of Hispaniola with the Dominican Republic.

Migration Trends:

- Most Haitians living in Massachusetts have immigrated over the past three decades. The largest Haitian populations in the United States are in Miami, New York City and greater Boston. The first wave of Haitians who migrated to the Boston area were generally from a small, educated and professional elite group that came here to pursue higher education. Political repression and economic deprivation in Haiti since have forced both urbanites and rural dwellers to flee the island. Groups of these migrants risked their lives in long journeys on high seas to come to the U.S. in search of refuge.
- Following the September 1991 military coup that ousted Haitian President Jean-Bertrand Aristide, large numbers of Haitians fled the country. A limited number of Haitians were admitted to the U.S. with refugee status and the remainder have been granted parole status. These "parolees" must undertake the complex and lengthy legal process of filing political asylum claims in order to be eligible to remain in the U.S. In addition to those admitted in to the United States since 1992, thousands fleeing Haiti on boats and rafts have been intercepted at sea by the U.S.Coast Guard and returned to Haiti.
- Conditions in the country remain volatile, even after the return of President Aristide to Haiti in October 1994, as many of those opposed to this popularly elected president remain armed. In November 1995, a new president, René Préval, was elected to succeed Aristide.

Geographic Locations:

- Most Haitians reside in the Dorchester, Mattapan, and Roxbury sections of Boston. A significant number have settled in Cambridge and Somerville. There are also growing numbers of Haitians in Waltham, Medford, Brockton, Hyde Park, Jamaica Plain, Allston, Randolph, Watertown, Worcester, and Springfield.

Demographics:

- The Haitian population in Massachusetts is composed primarily of young adult males. There are also large families with young children.
- There are increasing numbers of American-born children.
- Low English proficiency levels hinder many Haitians in their attempts to access services. Native language literacy levels are generally low as well.

Language(s) Spoken:

- Haitian Creole (Kreyol), French

Health Needs:

- As a result of limited and/or inadequate medical care in Haiti, Haitians are more likely than the general U.S. population to have tuberculosis, poor nutritional status, incomplete immunizations, and parasitic infections. The differences in the U.S. health care system and the availability of services lead to an under-utilization of care.
- Haitians in Massachusetts need access to appropriate health services and information.
- Because many Haitians do not consult physicians unless they experience pain, a crisis versus prevention approach to health care is common.
- Interviews with physicians in New York City who treat Haitians identified the following chronic diseases as most prevalent: diabetes, hypertension, stomach ulcers and arthritis.

Mental Health Needs:

- Because of past traumas, Haitians often suffer severe anxiety and suicidal feelings more often than any other refugee groups.
- Upon arrival in the United States, family breakdowns sometime occur, leaving women and children isolated and confused.

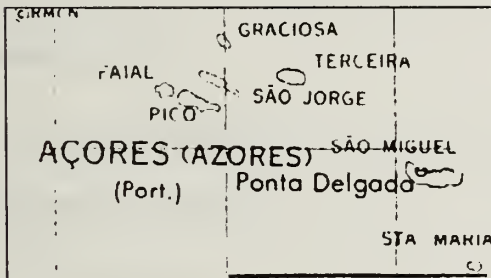
Additional Barriers to Seeking Health and Mental Health Services:

- Linguistic, cultural and economic factors prevent Haitians from seeking appropriate health care.
- Many Haitians without documented status may avoid public facilities, including hospitals and health centers, due to the fear of being deported.
- Many Haitians have long working hours which leave them with little time to seek medical help.

Additional Information:

Haiti

Capital:	Port-au-Prince
Population:	6.9 million
Health:	Infant mortality rate--101/1000; life expectancy--56 years
Literacy Rate:	53%
Natural Resources:	Bauxite
Agriculture:	Coffee, sugar cane, rice, cocoa, sorghum
Industries:	Sugar refining, textiles, flour milling, cement



Portuguese

An Overview

References:

- Adler, James, The Portuguese Ethnic Minorities in Cambridge, Volume I, Cambridge, 1972.
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- Benneck, Cristian J., Portuguese Immigration to the United States: its distribution and status, University of California thesis, 1917.
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- Taft, Donald R., Two Portuguese Communities in New England, 1910-1920, New York, 1923, 1967.

Portuguese

1997 Estimated Population:

- 650,000 statewide
- Portuguese-speaking populations make up about 14 percent of the state's total.

Countries/Regions of Origin:

- Europe: Continental Portugal and the archipelago of Azores and Madeira.
- Africa: former Portuguese colonies of Guinea-Bissau, Angola and Mozambique

Migration Trends:

- Before the influx of Brazilians, the largest Portuguese-speaking groups came from Portugal and the Azores and are now well into the second and third generations in Massachusetts.

Geographic Locations:

- Most Portuguese speakers can be found in Boston, Cambridge, Somerville, Fall River and New Bedford. The more settled population from Portugal and the Azores can be found in the Fall River, New Bedford and Taunton vicinities.

Demographics:

- The Portuguese and Azorean populations are older adults.

Language(s) Spoken:

- Portuguese

Migration Trends:

The first Portuguese explorer to settle in New England was Miguel Corte-Real from the island of Terceira in the Azores. He initially settled in Fall River in 1511 after his ship was wrecked off the coast and where he established himself as chief of the Wampanoag Indians. Other Portuguese explorers followed his lead, with expeditions settling in California in the mid-16th century, followed by the Portuguese Jews arriving in Manhattan in 1654 and the Portuguese from the Azores reaching Hawaii in 1810. One explorer, Yolin Castro, became the secretary in Hawaii's monarchy.

In the 19th century, the typical method of Portuguese migration was for the men to work their way across the Atlantic on fishing and whaling boats. After the middle of the century, their families began to follow the fishermen to New England on small sailing vessels or steamers. As mass migration set in, and as the whaling industry became extinct, U.S. fishing boats would stop in Portuguese waters; as a result, greater numbers of Portuguese made the voyage to the United States as regular passengers or as stowaways. In addition, American schooners routinely called on the Azores Islands for cargo, such as oranges; many Azoreans temporarily joined the crews of these American ships.

Primary Reasons for Migration:

- Spirit of adventure
- Economic: In the early 1900s, because of a rise in prices due to Portugal having the highest tariff in Europe, many Portuguese could not make a living and had no money or credit to invest in land development.
- Oppression: Lack of freedom of the press and freedom of speech. Until 1974, both the dictatorship and the Catholic Church repressed such freedoms.
- Avoidance of military service: Military service in Portugal is compulsory. In 1960, war broke out in Africa in the Portuguese colonies of Angola, Mozambique and Guinea Bissau. For 13 years, most military forces were sent to the colonies, and many young people tried to avoid a war they did not believe in.
- Environmental hardship: In 1957, preceded by violent earthquakes, the Capelinhos volcano off of the island of Faial in the Azores erupted. The volcano remained active for five years, and its eruptions completely buried a number of towns on the island. Responding to the urgent appeal for immigration privileges, in 1960, President Kennedy granted 2,000 visas to the residents of Faial. The U.S. Congress later passed a law granting an additional 1,500 visas.

Portugal is composed of continental Portugal on the Iberian Peninsula, the archipelagos of Azores and Madeira and Macao. It has been an independent state since the 12th century and a monarchy until a revolution in 1910 drove out King Manuel II when a republic was proclaimed. From 1932, a strong, repressive government was headed by Premier António Oliveira Salazar. Illness forced him to retire in September 1968.

On April 25, 1974, the government was seized by a military junta lead by General António de Spínola, who was named president and which ended an era that lasted 50 years known as the "Salazarista" era. Since 1976, Portugal has been parliamentary democracy. The new government reached agreements providing independence to the former Portuguese colonies of Guinea-Bissau, Mozambique, Cape Verde Islands, Angola, and Sao Tomé and Príncipe.

Portugal is located in the southwest extreme of Europe on the Iberian Peninsula as mentioned, bordered by Spain and the Atlantic Ocean. It is traditionally a strong Roman Catholic country, with 97 percent of the population Catholic.

Azores

The Azores, with a population of 236,000, are located 760 miles west of Lisbon and 2,110 miles from New York. The name comes from the Portuguese word for goshawk, birds which are native to the islands. The archipelago is formed by a group of nine islands of volcanic origin. The central group of islands consists of Terceira, Graciosa, Sao Jorge, Pico and Faial. To the east are the islands of Sao Miguel and Santa Maria and to the west Flores and Corvo. The Azores has a privileged climate, maritime and mild, because of the influence of the Gulf Stream. There are no great variations in temperature. A 1951 agreement gave the US rights to use defense facilities in the Azores.

Madeira

Madeira, consisting of the islands of Madeira and Porto Santo, has a population of 253,000. It is located 350 miles off the northwest coast of Africa. The name Madeira means timber, referring to the extensive forests that used to cover the islands. It is also known for its Madeira wine. Both the Azores and Madeira archipelagos were offered partial autonomy in 1976.

Macao

Macao, with a population of 367,000, is an area of six square miles consisting of an enclave, a peninsula and two small islands located at the mouth of the Pearl River near Canton, China. Portugal granted broad autonomy to Macao in 1976. In 1987, Portugal and China agreed that Macao would revert to China in 1999. Macao, like Hong Kong, was guaranteed 50 years of non-interference in its way of life and capitalist system.

Additional Information:

Portugal

Capital:	Lisbon
Population:	10.4 million
Health:	Infant mortality rate--10/1000; life expectancy--74 years
Literacy Rate:	83%
Natural Resources:	Forest, cork, tungsten, uranium, cooper, iron
Agriculture:	Grains, potatoes, rice, grapes, olives, fruits
Industries:	Textiles, footwear, cork, chemicals, fish canning, wine, paper

An Overview

References:

- Bateman, Graham and Egan, Victoria, eds., Encyclopedia of World Geography. Andromeda Oxford Ltd., Abingdon, England, 1993.
- Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.
- International Rescue Committee
- Refugee Health Program, Massachusetts Department of Public Health
- Somali Mutual Assistance Association

Somalis

1997 Estimated Population:

- Boston area: 900-2,000
- State total: 1,000-3,000 Massachusetts,

Country/Region of Origin:

- Somalia is part of the Horn of East Africa. Most of the Somali refugees come from the south and central region of the country, but some are also from the north (which recently became the self-proclaimed Republic of Somaliland).

Migration Trends:

- Somalis began immigrating to the United States in the early 1980s because of political instability, drought, and famine in their home country. For the past three years, the numbers of refugees and immigrants from Somalia have increased because of the civil war which is still raging.
- Prior to their arrival in the United States, many Somali refugees spent lengthy periods of time in refugee camps in Kenya. Living conditions and medical care in the camps are poor.

Geographic Locations:

- Most Somalis who have immigrated to Massachusetts live in the greater Boston area in and around Cambridge, Somerville, Allston and Roxbury.

Demographics:

- Arrivals to Massachusetts are young: one-third are under the age of 15 and nearly half are between the ages of 15 and 34.

Languages Spoken:

- Somali, English, Arabic, Italian and Swahili.

Religion:

- Muslim (Sunni).

Health and Mental Health Needs:

- Almost all Somali refugees need medical attention. The majority do not seek health services because of cultural and language barriers. There is also a lack of knowledge about the health care system and health benefits in the United States. Somali refugees and immigrants need more information and education about health care and services.
- Tuberculosis (TB) is endemic in Somalia and a high proportion of Somali arrivals are infected with TB. There are also cases of intestinal parasites, malaria, anemia, malnutrition and problems associated with trauma. Many Somalis may also have mental health problems due to war-related trauma, including anxiety, depression and post-traumatic stress disorder.

Additional Information:

Somalia (pre-war data)

Capital:	Mogadishu
Population:	7.2 million
Health:	Infant mortality rate--116/1000; life expectancy--56 years
Literacy Rate:	24%
Natural Resources:	Minerals including iron, tin, gypsum, bauxite, uranium and petroleum
Agriculture:	Livestock, bananas, corn, sorghum, sugar, incense
Industries:	Sugar, textiles, packaging, oil refining



Southeast Asians

An Overview

References:

- Bateman, Graham and Egan, Victoria, eds., Encyclopedia of World Geography. Andromeda Oxford Ltd., Abingdon, England, 1993.
- Descriptive Profile and Needs Assessment of Vietnamese People in Massachusetts, Massachusetts Department of Mental Health, February 1989.
- Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.
- Massachusetts Law Reform Institute, Cambridge and Somerville Legal Services, Immigrant/Benefits Advocacy Guide, November 1994.
- Refugee Health Program and Office of Refugee and Immigrant Health, Massachusetts Department of Public Health.
- Refugee Mental Health Needs Assessment, A Key Informant Study, Office of the Deputy Commissioner for Mental Health Services, Refugee Assistance Program, March 1989.
- Refugee Assistance Program, Massachusetts Department of Mental Health.

Southeast Asians

1997 Estimated Population:

- | | |
|---------------------|---------------|
| State Total: | 88,000 |
| 44% Cambodian | 38,000 |
| 10% Laotian | 8,000 |
| 48% Vietnamese | 42,000 |

Since the late 1980s, the predominant Southeast Asian new arrival population has been Vietnamese. As a result, the largest Southeast Asian subgroup in Massachusetts is Vietnamese.

Countries of Origin:

- Cambodia, Laos and Vietnam

Migration Trends:

- Resettlement of Southeast Asian refugees in the United States began in 1975, with peaks in the number of arrivals in 1975 and 1979-1981. The first wave were mostly South Vietnamese evacuated in April 1975. The second wave (1979-1981) were more heterogenous in nationality and ethnicity, including Cambodians fleeing the Khmer Rouge, Lao, Hmong, Vietnamese and ethnic Chinese.
- Since Congress passed the Amerasian Homecoming Act in 1987, there has been an increase in the number of Vietnamese Amerasian arrivals. Amerasians are the sons and daughters of American fathers and Vietnamese mothers born during the Vietnam War. Springfield and Boston are designated resettlement "cluster sites". The majority of Amerasians arrive with their mothers and other family members, but some arrive as unaccompanied minors.
- Since 1990, the Vietnamese political detainees started arriving in the United States. They are former army officers and civil servants of the South Vietnamese government which was collaborating with the American administration and armed forces during the Vietnam War. After the Communist victory in 1975, they were detained for many years in Communist "re-education centers" which were in fact concentration camps.

Geographic Locations:

- Southeast Asians have settled in all regions of Massachusetts. The primary locations are listed below:
- **Cambodian communities:** Chelsea, Revere, Lynn, Lowell, Lawrence, Attleboro/Fall River, Fitchburg, Holden, Hudson, Leominster, Shrewsbury, Worcester, Springfield, Amherst/Northampton and Boston (Allston/Brighton, East Boston).
- **Vietnamese communities:** Boston (Dorchester, Brighton, East Boston), Chelsea, Somerville, Quincy, Lowell, Lawrence, Methuen, Brockton, Fitchburg, Holden, Hudson, Leominster, Worcester, Springfield and Amherst/Northampton and Amerasians in Springfield and Boston.
- **Laotian communities:** Ethnic Lao in Boston, Lynn, Lowell, Brockton, Fitchburg/Leominster, Holden, Hudson, Shrewsbury, Southbridge, and Worcester; Hmong in Brighton, Fitchburg/Leominster and Brockton, and Kmhmu in Boston, Lynn, and Southbridge.

Demographics:

- The Southeast Asian population is young with 50 percent under the age of 18, 15 percent under age six, and only 5 percent over age 65.
- About 55 percent of the population are males and 45 percent are females, with more males in the Vietnamese community and larger numbers of widows heading households in the Cambodian community.
- Within the Vietnamese community, there are, as mentioned, two subgroups of recent arrivals--Amerasians and political detainees. Born between 1950-1975, and now 20-35 years old, the Amerasians had limited opportunities and faced frequent discrimination in Vietnam. According to a Boston survey, 85 percent of Amerasian respondents had less than six years of education, 32 percent had less than three years. The political detainees, who are now 45 to 70 years old, live mostly in greater Boston, Lowell, Worcester and Springfield.
- Many Southeast Asians come from rural areas in their native country with limited educational opportunities and skills training.
- According to a Refugee Mental Health Needs Assessment, English proficiency levels among Southeast Asians are low: only 15.5 percent of Vietnamese clients and 5.3 percent of Cambodian clients speak English "very well".

Language(s) Spoken:

- Khmer (Cambodian), Vietnamese, Hmong, Kmhmu, Lao, and Chinese (Mandarin, Cantonese and Chiuchao).

Health Needs:

- There is a major need among Southeast Asians to access appropriate health services and information in Massachusetts.
- Certain communicable diseases are more common in Southeast Asia than in the U.S., and people arriving from this area are at increased risk for infection and disease. These include:
 - **Tuberculosis** - Southeast Asians are less than one percent the Massachusetts population but accounted for almost 15 percent of all new TB cases in 1994.
 - **Hepatitis B** - Approximately 12 percent of Southeast Asians are infected with hepatitis B virus. Viral infection can lead to liver cancer, cirrhosis, and premature death. The Massachusetts Department of Public Health's Hepatitis B Prevention Project and the Refugee and Immigrant Health Program are successfully preventing new perinatal infections.
 - **Parasitic infections** - Untreated parasitic infections can lead to failure to thrive, anemia, and in the case of some infections, gallbladder disease or death.
- Newly arrived refugees from Southeast Asia, including Amerasians and political detainees in Vietnam, who have lived under generally very poor conditions and had little access to health services, are considered to be at increased risk for many health problems, including those noted above.
- Traumatic pasts, separation from families, stresses of acculturation, lack of traditional supports and the easy availability of both drugs and alcohol in this country have contributed to the development of alcohol and drug abuse among Southeast Asians. While rates of substance abuse are thought to be no higher than for general U.S. population, presently, there are no culturally appropriate substance abuse treatment services for Southeast Asians.
- Southeast Asians are a young population; there is an increased need for maternal and child health services. Currently, adequate prenatal care for Cambodians is the poorest of any ethnic group in the state.

Mental Health Needs:

- Southeast Asian refugees experience a disproportionate amount of severe psychological trauma as a result of their experience with war and political repression. In the Refugee Mental Health Needs Assessment conducted by the Massachusetts Department of Mental Health, 60 percent of Cambodian and 48 percent of Vietnamese respondents reported being robbed, raped, or tortured during their escape from their native country. Ninety-five percent of Cambodians reported having suffered the loss of family members or relatives in an unnatural manner.
- In a California Department of Mental Health Study, "severe" mental health service needs were identified as four times greater among Southeast Asian refugees. About 15 percent of the Southeast Asians had symptoms of severe mental health problems, compared to three percent of the general population.
- Almost 83 percent of Cambodian refugees in the Massachusetts study reported feeling depressed, with more than half experiencing sleep and eating disorders and severe anxiety.
- Sleep and eating disorders were also reported by 75 percent of Vietnamese refugees in the Massachusetts study. Moreover, almost 60 percent reported they were not able to access appropriate mental health services for help.
- The Refugee Mental Health Needs Assessment also identified Vietnamese veterans, especially those who were political detainees, and Amerasians as being more at risk for developing mental health problems than the general Vietnamese population (58 percent and 85 percent respectively).
- Due to life circumstances, many Amerasians have low self-esteem and limited education. Only one in 100 will ever be reunited with his or her father. Mothers of Amerasians are often in need of support services.
- After the fall of Saigon in Vietnam, political detainees suffered many years of physical and mental torture in "re-education camps", separation from families, loss of legal status to hold jobs or to own property, and malnutrition. Despite their desires to rebuild their lives, regain their self-esteem, and for some, reunite with their families, the wide variety of stresses they have experienced over time have made transition and adjustment of life in the United States difficult.
- Domestic violence is a growing problem in Southeast Asian communities. The causes are mainly twofold: role reversal in families where many men can no longer fulfill the traditional requirements of the husbands' and fathers' role, and the loss of the extended family support system in which conflicts could be resolved peacefully.
- Intergenerational conflict is also a growing problem as children raised in a new country move away from the values and understandings of their parents. There are few services to help families bridge these gaps.

Additional Information

Cambodia:

Capital: Phnom Penh
Population: 7.2 million
Health: Infant mortality rate--121/1000; life expectancy--49 years
Literacy Rate: 50%
Natural Resources: Forests, rubber, gemstones, iron ore, manganese, phosphate
Agriculture: Rice, corn, meat, sugar, flour
Industries: Rice milling, wood and wood products, textiles, cement

Laos

Capital: 4.4 million
Population: Vientiane
Health: Infant mortality rate--107/1000; life expectancy--50 years
Literacy Rate: 45%
Natural Resources: Tin, timber, gypsum
Agriculture: Rice, corn, tobacco, coffee, cotton, citrus fruits, opium
Industries: Mining, wood products, textiles, construction

Vietnam

Capital: Hanoi
Population: 68.9 million
Health: Infant mortality rate--48/1,000; life expectancy--65 years
Literacy Rate: 88%
Natural Resources: Phosphates, coal, manganese, bauxite, rubber, forests, offshore oil
Agriculture: Rice, fruit, vegetables, corn, sugarcane, coffee, manioc
Industries: Food processing, textiles, cement, chemical fertilizers, steel



Former Soviet Union Citizens

An Overview

References:

- Bateman, Graham and Egan, Victoria, eds., Encyclopedia of World Geography. Andromeda Oxford Ltd., Abingdon, England, 1993.
- Famighetti, Robert, ed., The World Almanac. Funk and Wagnalls, Mahwah, NJ, 1994.
- Lutheran Social Services of New England.
- Massachusetts Department of Mental Health, WMA Project
- Refugee Health Program, Massachusetts Department of Public Health.

Former Soviet Union Citizens

1997 Estimated Population:

- State Total: 63,000

Country/Regions of Origin:

- Former Soviet Union

Migration Trends:

- Immigration from the former Soviet Union (mainly Russian- speaking Jewish immigrants) began in 1972 and by late 1979/early 1980, about 700 persons from the former Soviet Union a year were resettling in the Greater Boston area. Between 1982 and 1985, very few persons from the former Soviet Union arrived in Massachusetts.

Beginning in 1987, Massachusetts began to see a dramatic increase in the number of refugees arriving in the state as travel restrictions were lifted on persons who were persecuted for religious beliefs. Fleeing religious persecution, anti-Semitism and ethnic hostilities, nearly 14,000 refugees from the former Soviet Union have resettled in Massachusetts during the seven year period 1988-94.

Geographic Locations:

- Most of the state's Russian-speaking Jewish population are living in the Greater Boston area. Traditionally resettling in the Allston/Brighton and Brookline areas, growing communities are found in Arlington, Framingham, Lynn, North Andover, Salem, Springfield, Shrewsbury, and Worcester. The Springfield area is also a major resettlement area for Evangelical Christians. Since 1988, about 4,000 Evangelical Christians have been resettled in the Springfield metropolitan area.

Demographics:

- The male to female ratio is approximately one to one.
- Compared to other refugee groups, persons from the former Soviet Union, as a whole, are an older population with approximately 35 percent between 25-44 years old and another 26 percent over age 44. The Evangelical Christian refugees are generally large families with many children, in addition to a growing number of elderly people.

- There are two distinct groups of former Soviet Union citizens in Massachusetts: Russian-speaking Jews and Slavic Evangelicals. Russian-speaking Jews are the majority, comprising about 90 percent of the state's former Soviet Union population.
- Many of the Jewish arrivals are from urban areas in the former Soviet Union, with the majority highly educated and professionally trained. Among 1994 arrivals, the largest cohort is persons age 60 and older.
- Slavic Evangelicals are mostly from the rural areas of Ukraine and Siberia. Many have secondary school education with skills training in commercial driving, construction, plumbing, machinery and electrical systems.

Language(s) Spoken:

- Russian is the primary language of the Jews from the former Soviet Republics. Yiddish is also spoken to a limited extent, primarily by the elderly.
- Ukrainian and Russian are the primary languages of the Evangelical Christians.

Health Needs:

- There is a serious need among former Soviet Union citizens to access appropriate health services and information in Massachusetts. These include prenatal care, reproductive care, infant care, nutrition, family planning and geriatric care, as well as health education on such topics as mammograms.
- Overseas medical screenings and initial health assessments of former Soviet Union citizens arriving in the state have documented the need for follow-up for chronic diseases, including hypertension, coronary disease, gastro-intestinal problems, diabetes, cancer and visual abnormalities. According to the Center for Disease Control (CDC), the severity of these conditions is greater among Soviets than the general U.S. population because most of the problems have progressed untreated.
- National refugee health assessment data (CDC; 6/88 to 12/91) indicate that the prevalence of hepatitis B is higher among former Soviet Union citizens; 2.2 percent have tested positive for hepatitis B.
- Following the collapse of the Soviet Union, health conditions in Russia and other former Soviet republics have deteriorated rapidly. The incidence of tuberculosis is six to seven times higher than in the United States, suggesting that recent arrivals are at higher risk for infection and active disease. Some acute infectious diseases, such as diphtheria, have reach epidemic proportions, resulting in the pronouncement of an international public health emergency by the World Health Organization (WHO).

Mental Health Needs:

- Resettlement is a stressful process. Personal losses connected with resettlement may result in severe depression. These losses may include a decline in status due to skills and/or credentials which are not transferable from one country to another--thus, it would not be uncommon to see a former nuclear physicist, for example, currently employed as a taxi driver. In this population, mental health problems are being manifested in increased health complaints, marital and intergenerational problems, often commencing soon after arrival. These problems may increase as former Soviet Union refugees are joining family members who are themselves recent arrivals.
- In the former Soviet Union, any deviation from normal mental health was considered a purely medical problem and treated by a psychiatrist on an in-patient or out-patient basis. Social services such as individual or group therapy, family counseling or services for the elderly did not exist until very recently.
- The Soviet government frequently used psychiatric hospitals to incarcerate political prisoners and dissidents. This included people who continued to exercise their religious beliefs despite governmental proscriptions. There was a distrust of anyone in authority and a great reluctance to release any information that might be used against them in the future. For these reasons, the idea of obtaining professional help for emotional problems is foreign to this population, creating a natural resistance to social services in general and mental health services in particular.

Additional Information:

Russia/Russian Federation

Capital:	Moscow
Population:	149.5 million
Health:	Infant mortality rate--31/1000; life expectancy--68 years
Literacy Rate:	99%
Natural Resources:	Forests, manganese, mercury, potash, bauxite, cobalt, copper, coal, oil
Agriculture:	Grain, cotton, sugar beets, potatoes, vegetables, sunflowers
Industries:	Steel, machinery, machine tools, vehicles, chemicals, cement, textiles

Newcomer Agencies & Mutual Assistance Associations (MAAs)

Mr. Sokheang Hong Cambodian Community of Massachusetts (*) 375 Broadway #208 Chelsea, MA 02150 (617) 884-8004	Mr. Chong Moua Yang National Hmong-Lao Foundation (*) 345 Main Street Fitchburg, MA 01420 (508) 342-1892
Mr. Samkhann Khoeun Cambodian Mutual Assistance Association (*) 125 Perry Street Lowell, MA 01852 (508) 454-4286	Ms. Sylvia Saavedra-Keber Concilio Hispano 105 Windsor Street Cambridge, MA 02139 (617) 661-9406
Mr. Sambath Rim Cambodian Community of Greater Fall River (*) Angkor Plaza - 418 Quequechin Street Fall River, MA 02723 (508) 676-8225	Mr. Waldart Rivera Centro Hispano 248 Broadway Chelsea, MA 02150 (617) 884-3238
Ms. Mary Fitzhugh Cambodian American Assn. of Western Mass. (*) 171 A2 Brittany Manor Amherst, MA 01002 (413) 253-0696	Mr. Oscar Chacón Centro Presente 54 Essex Street Cambridge, MA 02139 (413) 582-4240
Mr. Chau Ming Lee Asian American Civic Association 90 Tyler Street Boston, MA 02111 (617) 426-9492	Mr. Sergey Bologov Russian Community Association of Mass.(*) 86 Lewis Street 215-B Harvard Ave. Lynn, MA 01902 Boston, MA 02134 (617) 581-5588 (617) 731-7789
Mr. Binyam Tamene Ethiopian Mutual Assistance Assoc. of Mass. (*) 552 Massachusetts Avenue Cambridge, MA 02139 (617) 492-4232	Mr. Abdulkadir Hussien Somali Development Center (*) 705 Centre Street Jamaica Plain, MA 02130 (617) 522-0700
Ms. Lena Deevey Irish Immigration Center 18 Tremont Street, suite 207 Boston, MA 02108 (617) 367-1420	Mr. Duy Pham Vietnamese American Civic Association (*) 1486 Dorchester Avenue Dorchester, MA 02122 (617) 288-7344
Ms. Nataka Crayton-Danfodio The Islamic Multi-Service Organization 7 Long Avenue Allston, MA 02134 (617) 562-1433	Ms. Juliette Hanh Nguyen Vietnamese American Civic Association (*) 433 Belmont Avenue Springfield, MA 01103 (413) 733-9373

(*) MAAs

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Mr. Pierre Imbert Haitian Multi-Service Center 12 Bicknell Street Dorchester, MA 02121 (617) 436-2848	Mr. Fausto da Rocha Brazilian Immigrant Center 139 Brighton Avenue - Suite 2 Allston, MA 02134 (617) 783-8001
Mr. Marc Charlot Haitian American Public Health Initiatives 10 Fairway Street, Suite 202 - P.O. Box 386 Mattapan, MA 02126 (617) 298-1224	Mr. Victor DoCouto Massachusetts Alliance of Portuguese Speakers 92 Union Square Somerville, MA 02143 (617) 628-6065
Mr. Van Christo The Frosina Foundation (serving the Albanians) 100 Boylston Street Boston, MA 02116 (617) 482-2202	Mr. Ken Silavong Laotian American Organiz. of Greater Lowell 71 Powell Street (*) Lowell, MA 01851 (508) 453-4716

(*) MAAs

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